

OCT 25 1944

ARIZONA STATE DEPARTMENT OF HEALTH

168

DIVISION OF VITAL STATISTICS

(This return
by the personpreferably be made
made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of
(Registrati
SEX OF CHILD

Miami County No. St.

win
triplet
or other? } and } Number
in order
of birth

MARCH 22, 1923

DATE OF BIRTH

(Month) (Day) (Year)

FULL
NAME

MANUEL Turrey

FATHER

FULL
MAIDEN
NAME

Teophila Gonzales

MOTHER

*These

entered by the local registrar before giving out this form.

Blank
10M 10-1-41

reports of birth may be obtained from the local registrar.

I HEREBY CERTIFY that the child described herein
has been named

CARMEN TURREY

(Give name in full)

(Surname)

Teophila Gonzales

(Parent's Signature)

mother

(Signature of Physician or Midwife)

338-322-372